

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)
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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	8					
TOTAL DEP.	24	←	→	→	←	→
TOTAL CLAIMS	32					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.				←	→			
TOTAL DEP.				→	←	→	←	→
TOTAL CLAIMS								